

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on October 14, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 72141-TC for date of service April 5, 2003.

II. RATIONALE

- CPT Code 72141-TC – The respondent submitted a payment screen showing payment in the amount of \$823.00 was made; check number 100041164. Therefore, a dispute no longer exists and reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 72141-TC.

The above Findings, Decision is hereby issued this 12th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf